

## NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement:

1. Description of property: (legal description of property, and street address if available) 27-55-17-09411-004  
187 SW Kyle Way, Lake City FL 32025
2. General description of improvement: New Roof
3. Owner information:
  - a. Name and address: B. Simple Investments Properties Inc
  - b. Phone number: 352-443-3139
  - c. Name and address of fee simple titleholder (if other than owner): NA  
NA
4. Contractor:
  - a. Name and address: Ogles Roofing 505 Goldkist Blvd Live Oak FL 32064
  - b. Phone number: 386-364-4838
5. Surety:
  - a. Name and address: NA
  - b. Amount of bond \$ NA
  - c. Phone number: NA
6. Lender:
  - a. Name and address: NA
  - b. Phone number: NA
7. Persons with the State of Florida designated by Owner upon whom notices or other documents may be served as provided in Section 713.13(1)(a)7, Florida Statutes:
  - a. Name and address: NA
  - b. Phone number: NA
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
  - a. Name and address: NA
  - b. Phone number: NA
9. The expiration date of the notice of commencement is one (1) year from the date of recording unless a different date is specified: 8-1-24

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

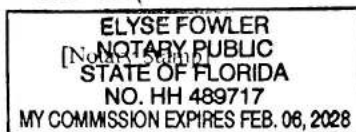
Josh Sullivan  
 Printed Name

Owner  
 Title/Office

STATE OF FLORIDA

COUNTY OF Suwannee

The foregoing instrument was acknowledged before me this 13 day of June, 2024 by Josh Sullivan  
 (name of person) as Owner (type of authority: e.g., officer, trustee, attorney-in-fact) for Simple B  
Investments (name of party on behalf of whom instrument was executed), who is personally known to me or who has produced  
personally known as identification.



[Signature]  
 Signature of Notary Public

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

[Signature]  
 Signature of Natural Person Signing Above